

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number
UNKNOWN

Filing Date
CONCURRENTLY

Applicant(s)
JOSEPH B. KEJHA

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--|-------|--------|-------|--------|-------|--------|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | IND | | | | | | | | | | | | | |
| 2 | IND | | | | | | | | | | | | | |
| 3 | IND | | | | | | | | | | | | | |
| 4 | | 1,3 | | | | | | | | | | | | |
| 5 | | 1,3 | | | | | | | | | | | | |
| 6 | | 1,3 | | | | | | | | | | | | |
| 7 | IND | | | | | | | | | | | | | |
| 8 | IND | | | | | | | | | | | | | |
| 9 | IND | | | | | | | | | | | | | |
| 10 | IND | | | | | | | | | | | | | |
| 11 | | 1,3,7 | 8,9,10 | | | | | | | | | | | |
| 12 | IND | | | | | | | | | | | | | |
| 13 | | 12 | | | | | | | | | | | | |
| 14 | | 12 | | | | | | | | | | | | |
| 15 | | 12,14 | | | | | | | | | | | | |
| 16 | | 12 | | | | | | | | | | | | |
| 17 | | 12 | | | | | | | | | | | | |
| 18 | | 12 | | | | | | | | | | | | |
| 19 | | 16,18 | | | | | | | | | | | | |
| 20 | | 12 | | | | | | | | | | | | |
| 21 | | 12 | | | | | | | | | | | | |
| 22 | IND | | | | | | | | | | | | | |
| 23 | | 22 | | | | | | | | | | | | |
| 24 | | 12 | | | | | | | | | | | | |
| 25 | IND | | | | | | | | | | | | | |
| 26 | | 1,2,3 | | | | | | | | | | | | |
| 27 | | 1,3,7 | 8,9,10 | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | |
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| 47 | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| Total Indep | 10 | | | | | | | | | | | | | |
| Total Depend | 17 | | | | | | | | | | | | | |
| Total Claims | 27 | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | |
| 52 | | | | | | | | | | | | | | |
| 53 | | | | | | | | | | | | | | |
| 54 | | | | | | | | | | | | | | |
| 55 | | | | | | | | | | | | | | |
| 56 | | | | | | | | | | | | | | |
| 57 | | | | | | | | | | | | | | |
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| 62 | | | | | | | | | | | | | | |
| 63 | | | | | | | | | | | | | | |
| 64 | | | | | | | | | | | | | | |
| 65 | | | | | | | | | | | | | | |
| 66 | | | | | | | | | | | | | | |
| 67 | | | | | | | | | | | | | | |
| 68 | | | | | | | | | | | | | | |
| 69 | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | |
| 71 | | | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | |
| 73 | | | | | | | | | | | | | | |
| 74 | | | | | | | | | | | | | | |
| 75 | | | | | | | | | | | | | | |
| 76 | | | | | | | | | | | | | | |
| 77 | | | | | | | | | | | | | | |
| 78 | | | | | | | | | | | | | | |
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| 81 | | | | | | | | | | | | | | |
| 82 | | | | | | | | | | | | | | |
| 83 | | | | | | | | | | | | | | |
| 84 | | | | | | | | | | | | | | |
| 85 | | | | | | | | | | | | | | |
| 86 | | | | | | | | | | | | | | |
| 87 | | | | | | | | | | | | | | |
| 88 | | | | | | | | | | | | | | |
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| 90 | | | | | | | | | | | | | | |
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| 93 | | | | | | | | | | | | | | |
| 94 | | | | | | | | | | | | | | |
| 95 | | | | | | | | | | | | | | |
| 96 | | | | | | | | | | | | | | |
| 97 | | | | | | | | | | | | | | |
| 98 | | | | | | | | | | | | | | |
| 99 | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| Total Indep | | | | | | | | | | | | | | |
| Total Depend | | | | | | | | | | | | | | |
| Total Claims | | | | | | | | | | | | | | |

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 350713 | | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|----------------------|------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | 51 | | | | |
| 2 | 1 | | | | | | 52 | | | | |
| 3 | 1 | | | | | | 53 | | | | |
| 4 | | ✓ | | | | | 54 | | | | |
| 5 | | ✓ | | | | | 55 | | | | |
| 6 | | ✓ | | | | | 56 | | | | |
| 7 | 1 | | | | | | 57 | | | | |
| 8 | 1 | | | | | | 58 | | | | |
| 9 | 1 | | | | | | 59 | | | | |
| 10 | 1 | | | | | | 60 | | | | |
| 11 | | ✓ | | | | | 61 | | | | |
| 12 | 1 | | | | | | 62 | | | | |
| 13 | | ✓ | | | | | 63 | | | | |
| 14 | | ✓ | | | | | 64 | | | | |
| 15 | | ✓ | | | | | 65 | | | | |
| 16 | | ✓ | | | | | 66 | | | | |
| 17 | | ✓ | | | | | 67 | | | | |
| 18 | | ✓ | | | | | 68 | | | | |
| 19 | | ✓ | | | | | 69 | | | | |
| 20 | | ✓ | | | | | 70 | | | | |
| 21 | | ✓ | | | | | 71 | | | | |
| 22 | ✓ | | | | | | 72 | | | | |
| 23 | | ✓ | | | | | 73 | | | | |
| 24 | | ✓ | | | | | 74 | | | | |
| 25 | ✓ | | | | | | 75 | | | | |
| 26 | | ✓ | | | | | 76 | | | | |
| 27 | | ✓ | | | | | 77 | | | | |
| 28 | | | | | | | 78 | | | | |
| 29 | | | | | | | 79 | | | | |
| 30 | | | | | | | 80 | | | | |
| 31 | | | | | | | 81 | | | | |
| 32 | | | | | | | 82 | | | | |
| 33 | | | | | | | 83 | | | | |
| 34 | | | | | | | 84 | | | | |
| 35 | | | | | | | 85 | | | | |
| 36 | | | | | | | 86 | | | | |
| 37 | | | | | | | 87 | | | | |
| 38 | | | | | | | 88 | | | | |
| 39 | | | | | | | 89 | | | | |
| 40 | | | | | | | 90 | | | | |
| 41 | | | | | | | 91 | | | | |
| 42 | | | | | | | 92 | | | | |
| 43 | | | | | | | 93 | | | | |
| 44 | | | | | | | 94 | | | | |
| 45 | | | | | | | 95 | | | | |
| 46 | | | | | | | 96 | | | | |
| 47 | | | | | | | 97 | | | | |
| 48 | | | | | | | 98 | | | | |
| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | 10 | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | 17 | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | 27 | | | | | | TOTAL CLAIMS | | | | |